REPORT OF RECEIPTS AND EXPENDITURES OF BUOITOUSTEM (CFA-4) OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFOR	RMATION	SECOND	
Full name of committee (as on Statement of Organization) Check if this is a new name.	ne .		
KEELEG WARD SURVEYUR	raign or County	NO neched Bedden you	CONTRACTOR SERVICES
2. Acronym or abbreviated name, if any	3. Committee teld		Castinue of the settle
The second of the second secon	773-8352		
Commence of the commence of th	theck if this is a new a	address	sizperso becosts yns gribo.
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5. City, state, ZIP code	6. Party affillation		OF THE MONEY OF THE CHAPTER OF THE C
NOBLEVILLE IN ALOUS		VBLICAN	
CANDIDATE INFORMATION (For Can 7. Full name of candidate (include any nickname)		or if independent	
7. Pull harrie di caricipate (include any niconame)			Department (Form OFA-1, CA
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res	PUBLICAN	and the second of the second of the second
Covry Surveyor		Ameron	A TO SERVICE AND ISSUES A REAL
TYPE OF REPORT	T		IN CANDIDATES ONLY
11. Check one:	Name and Address of the Owner, where	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "0")	Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)	balan ad liw tol	Post-Convent	
12. Reporting period:	15191008 WOIL	COLUMN A	COLUMN B
From: 1 1 Ando Through: DEZ 31 00		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		818.33	
14. Cash on hand and investments January 1, current year.			818.33
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash cor	ntributions.)		
15a. Itemized (use Schedule A)	Patentonan e	2950	2950
15b. Unitemized	t stabilização ex	350	350
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	41 18.73	3300
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	4118.77	4 8.73
(Note: These amounts include in-kind expenditures and loan repayments.)	- tille belg title t		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	Inedmuch he	600	600
17b. Uniternized	n-attie A "ang	262.28	Z62.28
17c. Add lines 17a and 17b in both columns	SUBTOTAL	862.28	862.28
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both	columns) TOTAL	3256.05	3254.05
19. Debts OWED BY the committee (use Schedule D)	zhuiG	0	是世界的社会
20. Debts OWED TO the committee (use Schedule E)	City Council.	2	
- Supplemental State Services Co.			

Signature on File

FOR OFFICE USE ONLY

CLERK, HAMILTON COUNT

PA 10: NE

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class 8 Misdemeafor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. STEVE GALLET - TENDOL	Contributions: Direct In-Kind (describe)	co lia to asent	se grillem bas	257630
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	250	250	1200
	Contributions	PARTITION D	THE STORES	A FIRE PLAN
2 ALL EN ROSENBERO - DOWNORDS	Contributions: Direct In-Kind (describe)	RBHTO 90	RISUTION provided (evo	ZORESO
Contributor's Occupation (if required)	Other Receipts:	250	250	1600
3. LARRY MINING - AVENUER	Contributions: Direct In-Kind (describe)	250	250	3msrci
Contributor's Occupation (if required)	Other Receipts:	month, day, alt noney order, P n cash is sel	on sense the control of the check or the check or the check or the check or the check of the che	Ked
4. Inductor 2 and to egac one was all east if A alubato 2 to eg	Contributions: Direct In-Kind (describe)	SCHEDUL LOFALL FA	IS PAGE OF	AT JATOTE
Contributor's Occupation (If required)	Other Receipts:	SCHEDULI nter this figure	PAGES OF	JA 90 JATI od no seges la
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan Misc (specify)			
Contributor's Occupation (if required)	_	-		
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TOTAL OF ALL PAGES OF SCHEDU	LE A ON THE LAST PAGE ONLY	1		
(Enter total on ITEM 15a of the Sumi		5250		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	Other Receipts:	ini bibg everi o	gahaine ned	Ken
DANS Homes	Contributions: Direct In-Kind (describe)	MENTO EX	SUNT THIS	Step 00
	Other Receipts:	200 0-01-843	200	Kuw
DB Man	Contributions: Direct In-Kind (describe)	calendar sonth, day, and	ort of auci	IMAROS
ed or deposited in an account. For carn compresses, the com, NOT when mailed or deposited in an account. a contribution for the committee (IC 3-2-1-25)	Other Receipts:	250	250	KCW
HAMINGON WESTOREN UTILITIES	Contributions: Direct In-Kind (describe)	250	250	3maros
	Other Receipts: Interest □ Loan □ Misc (specify)	mugit sist wa	,	RUN
LEPPERT CON PRODUCTS	Contributions:	500	500	13 MARCO
PLATINUM PROPONETOS	Other Receipts:	250	250	12APEC
	THIS PAGE OF SCHEDULE A	\$ 2950		
TOTAL OF ALL PAGES OF SCHEDULS (Enter total on ITEM 15a of the Summa		5 2950		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For essistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
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	Other Receipts: Interest □Lcan Misc (specify)	oludiunos a p	snetne nedW	CRITANT
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mornion, including in-kind, transfers-in or other receipts for talls to come receipts for talls as other receipts.	Gther Receipts: Interest □ Loan Misc (specify)	PERIOD: S	NOUNT THIS	LUMN A AL
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	Other Receipts: Interest Loan Misc (specify)	SCHEDULE	PAGES OF	CAL OF ALL pages on So
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B)
Itemized Expenditures

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION			
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State Form 4606 (R9 / 11-99)

Approved by State Board of Accounts 1999

Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) **Debts Owed by This Committee**

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THI PERIOD
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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